

Fill in this information to identify your case:

United States Bankruptcy Court for the :

NORTHERN District of ILLINOIS  
(State)

Case Number (*If known*): \_\_\_\_\_ Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a *joint case*-and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Kim \_\_\_\_\_  
First name

Marie \_\_\_\_\_  
Middle name

Crowder \_\_\_\_\_  
Last name

Suffix (Sr., Jr., II, III) \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Suffix (Sr., Jr., II, III) \_\_\_\_\_

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

Kim \_\_\_\_\_  
First name

Marie \_\_\_\_\_  
Middle name

Dean \_\_\_\_\_  
Last name

Kim \_\_\_\_\_  
First name

Marie \_\_\_\_\_  
Middle name

Holley \_\_\_\_\_  
Last name

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number**

XXX - XX - 9866 \_\_\_\_\_

OR

**9**XX - XX - \_\_\_\_\_

XXX - XX - \_\_\_\_\_

OR

**9**XX - XX - \_\_\_\_\_

Debtor 1 Kim

Marie

Document  
Crowder

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Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN — - - - -

EIN — - - - -

 I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN — - - - -

EIN — - - - -

**5. Where you live**

4411 W Shamrock Lane

Number Street

Unit 2A

McHenry IL 60050

City

State

ZIP Code

MCHENRY

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy.****Check one:** Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain.  
(See 28 U.S.C. § 1408)

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**Check one:** Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain.  
(See 28 U.S.C. § 1408)

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Debtor 1 Kim

Marie

Document  
Crowder

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Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2:****Tell the Court About Your Bankruptcy Case**

- 7. The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

- 8. How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

- I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

- 9. Have you filed for bankruptcy within the last 8 years?**  No

Yes. District None When \_\_\_\_\_ Case Number \_\_\_\_\_  
 MM / DD / YYYY

District None When \_\_\_\_\_ Case Number \_\_\_\_\_  
 MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case Number \_\_\_\_\_  
 MM / DD / YYYY

- 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by affiliate?**

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case Number, if known \_\_\_\_\_  
 MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case Number, if known \_\_\_\_\_  
 MM / DD / YYYY

- 11. Do you rent your residence?**

No. Go to line 12  
 Yes. Has your landlord obtained an eviction judgment against you?

- No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Kim

Marie

First Name

Middle Name

Crowder

Last Name

Case Number (if known) \_\_\_\_\_

**Part 3:****Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**

- No. Go to Part 4.  
 Yes. Name and location of business

Name of business, if any

Number Street

City

State Zip Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see  
11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4:****Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- No.

- Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number Street

City

State ZIP Code

Debtor 1 Kim

Marie

Document

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Case Number (if known) \_\_\_\_\_

<b>Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling</b>		
<p><b>15. Tell the court whether you have received a briefing about credit counseling.</b></p> <p>The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.</p> <p>If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.</p>	<p><b>About Debtor 1:</b></p> <p><i>You must check one:</i></p> <p><input checked="" type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.</p> <p>Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.</p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.</p> <p>Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.</p> <p><input type="checkbox"/> I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.</p> <p>To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.</p> <p>Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.</p> <p><input type="checkbox"/> I am not required to receive a briefing about credit counseling because of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Incapacity.</b> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.</li> <li><input type="checkbox"/> <b>Disability.</b> My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.</li> <li><input type="checkbox"/> <b>Active duty.</b> I am currently on active military duty in a military combat zone.</li> </ul> <p>If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.</p>	<p><b>About Debtor 2 (Spouse Only in a Joint Case):</b></p> <p><i>You must check one:</i></p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.</p> <p>Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.</p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.</p> <p>Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.</p> <p><input type="checkbox"/> I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.</p> <p>To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.</p> <p>Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.</p> <p><input type="checkbox"/> I am not required to receive a briefing about credit counseling because of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Incapacity.</b> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.</li> <li><input type="checkbox"/> <b>Disability.</b> My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.</li> <li><input type="checkbox"/> <b>Active duty.</b> I am currently on active military duty in a military combat zone.</li> </ul> <p>If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.</p>

Debtor 1 Kim

Marie

Crowder

Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

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**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No.

Yes.

**18. How many creditors do you estimate that you owe?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

**19. How much do you estimate your assets to be worth?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000                  | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000           | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million         | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Kim Marie Crowder

Signature of Debtor 1



Signature of Debtor 2

Executed on 05/02/2018  
 MM / DD / YYYY

Executed on                     
 MM / DD / YYYY

Debtor 1 Kim

First Name

Marie

Middle Name

Crowder

Last Name

Case Number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one****if you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X /s/ Jason Kyle Nielson**

Signature of Attorney for Debtor

Date

**Date: 05/04/2018**

MM / DD / YYYY

**Jason Kyle Nielson**

Printed name

Geraci Law L.L.C.

Firm name

55 E. Monroe St., #3400

Number Street

Chicago

City

IL

60603

State

ZIP Code

Contact Phone 312-332-1800

Email address [ndil@geracilaw.com](mailto:ndil@geracilaw.com)

6288458

Bar number

IL

State

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number _____ (If known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1:** Summarize Your Assets

**Your assets**  
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)	\$ 0
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ 17,779
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$ 17,779

**Part 2:** Summarize Your Liabilities

**Your liabilities**  
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$16,289
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$78,933

**Part 3:** Summarize Your Liabilities

4. Schedule I: Your Income (Official Form 106I)	\$2,581.98
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	
5. Schedule J: Your Expenses (Official Form 106J)	\$2,566.00
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	

Debtor 1 Kim Marie Crowder  
 First Name Middle Name Last Name Case Number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapter 7, 11 or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,672.10

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 of Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$ 0.00

9g. **Total.** Add lines 9a through 9f. \$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number (If known)			

 Check if this is an amended filing**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

01. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

 No. Yes. Describe.....

02. Add the dollar value of the portion you own for all of your entries fro Part 1, including any entries for pages

you have attached for Part 1. Write that number here ..... --&gt; \$0.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

03. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

 No. Yes. Describe.....

Make: Ford

Who has an interest in the property? Check one.

Model: Fusion

 Debtor 1 only

Year: 2016

 Debtor 2 only

Approximate Mileage: 30,000

 Debtor 1 and Debtor 2 only

Other information:

 At least one of the debtors and another

2016 Ford Fusion with over 30,000 miles

 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*

**Current value of the entire property?      Current value of the portion you own?**

\$ 13,350.00      \$ 13,350.00

04. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No. Yes. Describe.....

05. Add the dollar value of the portion you own for all of your entries fro Part 2, including any entries for pages

you have attached for Part 2. Write that number here ..... --&gt;

\$ 13,350.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions

06. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No. Yes. Describe.....

Furniture, linens, small appliances, table &amp; chairs, bedroom set

\$1,000

\$ 1,000.00

**07. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No.

Yes. Describe.....

2 TVs, DVD player, Printer, Computer, Cell phone	\$500
Flat screen TV, computer, printer, music collection, cell phone	\$500
	\$ 1,000.00

**08. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No.

Yes. Describe.....

\$ 0.00

**09. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No.

Yes. Describe.....

Old Treadmill	\$50
	\$ 50.00

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No.

Yes. Describe.....

\$ 0.00

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No.

Yes. Describe.....

Clothes, Shoes, Coats, Accessories	\$500
	\$ 500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No.

Yes. Describe.....

Wedding Ring, Costume Jewelry	\$1,000
	\$ 1,000.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No.

Yes. Describe.....

Dog	\$0
	\$ 0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No.

Yes. Describe.....

books, CDs, DVDs & Family Photos	\$50
	\$ 50.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached**

for Part 3. Write that number here .....

-->

\$ 3,600.00

**Part 4:**

**Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No.

Yes. Describe.....

\$ 0.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No.

Yes. Describe..... Account Type: Institution name:  
 Checking Account Fifth Third Bank \$ 100.00  
 Savings Account Fifth Third Bank \$ 300.00  
 \$ 400.00

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No.

Yes. Describe..... Institution or issuer name:  
 2 Shares IBM Stock \$ 308.56  
 \$ 308.56

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in** No.

Yes. Describe..... Name of Entity and Percent of Ownership: \$ 0.00

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No.

Yes. Describe..... Issuer name: \$ 0.00

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No.

Yes. Describe..... Type of account and Institution name:  
 Pension plan QDRO \$ Unknown  
 Pension plan Union Pension \$ Unknown  
 \$ 0.00

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications

 No.

Yes. Describe..... Institution name or individual: \$ 0.00

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No.

Yes. Describe..... Issuer name and description: \$ 0.00

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No.

Yes. Describe..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): \$ 0.00

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers** No.

Yes. Describe..... \$ 0.00

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No.

Yes. Describe..... \$ 0.00

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No.

Yes. Describe..... \$ 0.00

<b>Money or property owed to you?</b>		<b>Current value of the portion you own? Do not deduct secured claims or exemptions</b>
<b>28. Tax refunds owed to you</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Describe.....	\$ <u>0.00</u>	
<b>29. Family support</b>		
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Describe.....	\$ <u>0.00</u>	
<b>30. Other amounts someone owes you</b>		
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Describe.....	\$ <u>0.00</u>	
<b>31. Interest in insurance policies</b>		
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance		
<input checked="" type="checkbox"/> No. Company Name & Beneficiary:		
<input type="checkbox"/> Yes. Describe.....	\$ <u>0.00</u>	
<b>32. Any interest in property that is due you from someone who has died</b>		
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Describe.....	\$ <u>0.00</u>	
<b>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment</b>		
Examples: Accidents, employment disputes, insurance claims, or rights to sue		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Describe.....	\$ <u>0.00</u>	
<b>34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Describe.....	\$ <u>0.00</u>	
<b>35. Any financial assets you did not already list</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Describe.....	\$ <u>0.00</u>	
<b>36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here .....</b> -->		
		\$ <u>708.56</u>
<b>Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.</b>		
<b>37. Do you own or have any legal or equitable interest in any business-related property?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	<b>Current value of the portion you own? Do not deduct secured claims or exemptions</b>	
<b>38. Accounts receivable or commissions you already earned</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Describe.....	\$ <u>0.00</u>	

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No.

Yes. Describe.....

\$                  0.00

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

No.

Yes. Describe.....

Hair Stylist Supplies, Tools

\$120

\$                  120.00

**41. Inventory**

No.

Yes. Describe.....

\$                  0.00

**42. Interests in partnerships or joint ventures**

No. Name of Entity and Percent of Ownership:

Yes. Describe.....

\$                  0.00

**43. Customer lists, mailing lists, or other compilations**

No.

Yes. Describe.....

\$                  0.00

**44. Any business-related property you did not already list**

No.

Yes. Describe.....

\$                  0.00

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached**

for Part 5. Write that number here .....

-->                  \$ 120.00

**Part 6:**

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No.

Yes. Describe.....

\$                  0.00

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

No.

Yes. Describe.....

\$                  0.00

**48. Crops—either growing or harvested**

No.

Yes. Describe.....

\$                  0.00

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

No.

Yes. Describe.....

\$                  0.00

**50. Farm and fishing supplies, chemicals, and feed**

No.

Yes. Describe.....

\$                  0.00

**51. Any farm- and commercial fishing-related property you did not already list**

No.

Yes. Describe.....

\$                  0.00

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached**

for Part 6. Write that number here .....

-->                  \$ 0.00

**Part 7:**

**Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No.

Yes. Describe.....

\$ \_\_\_\_\_ 0.00

**54. Add the dollar value of all of your entries from Part 7. Write that number here -->**

\$0.00

**Part 8:**

**List the Totals of Each Part of this Form**

**55. Part 1: Total real estate, line 2**

\$ 0.00

**56. Part 2: Total vehicles, line 5**

\$ 13,350.00

**57. Part 3: Total personal and household items, line 15**

\$ 3,600.00

**58. Part 4: Total financial assets, line 36**

\$ 708.56

**59. Part 5: Total business-related property, line 45**

\$ 120.00

**60. Part 6: Total farm- and fishing-related property, line 52**

\$ 0.00

**61. Part 7: Total other property not listed, line 54**

\$ 0.00

**62. Total personal property. Add lines 56 through 61.**

\$ 17,778.56

\$ 17,778.56

**63. Total of all property on Schedule A/B. Add line 55 + line 62**

\$17,778.56

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u>			(State)
Case Number (If known)			<input type="checkbox"/> Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

## 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	<i>Check only one box for each exemption</i>	
Brief description: 2016 Ford Fusion with over 30,000 miles	\$ 13,350	<input checked="" type="checkbox"/> \$ 2,400	735 ILCS 5/12-1001(c)
Line from Schedule A/B: 03		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Furniture, linens, small appliances, table & chairs, bedroom set	\$ 1,000	<input checked="" type="checkbox"/> \$ 1,000	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 06		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: 2 TVs, DVD player, Printer, Computer, Cell phone	\$ 500	<input checked="" type="checkbox"/> \$ 500	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 07		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Flat screen TV, computer, printer, music collection, cell phone	\$ 500	<input checked="" type="checkbox"/> \$ 500	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 07		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1 Kim

Marie

Crowder

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Entered 05/04/18 Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B				<i>Check only one box for each exemption</i>
Brief description:	Old Treadmill	\$ 50	<input checked="" type="checkbox"/> \$ 50	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	09		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Clothes, Shoes, Coats, Accessories	\$ 500	<input checked="" type="checkbox"/> \$ 500	735 ILCS 5/12-1001(a),(e)
Line from Schedule A/B:	11		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Wedding Ring, Costume Jewelry	\$ 1,000	<input checked="" type="checkbox"/> \$ 1,000	735 ILCS 5/12-1001(a),(e)
Line from Schedule A/B:	12		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Dog	\$ 0	<input checked="" type="checkbox"/> \$ 0	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	13		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	books, CDs, DVDs & Family Photos	\$ 50	<input checked="" type="checkbox"/> \$ 50	735 ILCS 5/12-1001(a)
Line from Schedule A/B:	14		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Checking Account, Fifth Third Bank, 100.00	\$ 100	<input checked="" type="checkbox"/> \$ 100	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	17		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Savings Account, Fifth Third Bank, 300.00	\$ 300	<input checked="" type="checkbox"/> \$ 300	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	17		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	, 2 Shares IBM Stock, 308.56	\$ 309	<input checked="" type="checkbox"/> \$ 309	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	18		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Pension plan, IMRF	\$ Unknown	<input type="checkbox"/> \$ _____	735 ILCS 5/12-1006
Line from Schedule A/B:	21		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Pension plan, QDRO	\$ Unknown	<input type="checkbox"/> \$ _____	735 ILCS 5/12-1006
Line from Schedule A/B:	21		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1 Kim

Marie

Crowder

Document Page 18 of 78

Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	<i>Check only one box for each exemption</i>	
Brief description: Hair Stylist Supplies, Tools	\$ 120	<input checked="" type="checkbox"/> \$ 1,500	735 ILCS 5/12-1001(d)
Line from Schedule A/B: 40		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>3. Are you claiming a homestead exemption of more than \$160,375?</p> <p>(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p>			

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number (If known)			

Check if this is an  
amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims		Column A	Column A	Column C
		Amount of claim	Value of collateral that supports this claim	Unsecured portion If any
2.	List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors name.	Do not deduct the value of collateral		
2.1	FORD CRED	Describe the property that secures the claim:  2016 Ford Fusion with over 30,000 miles	\$ 16,289.00	\$ 13,350.00
	Creditor's Name Po Box Box 542000			\$ 2,939.00
	Number Street  _____			
	Omaha NE 68154 City State Zip Code			
	Who owes the debt? Check one.  <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Nature of Lien. Check all that apply.  <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	
	Date Debt was incurred 2016-04-02	Last 4 digits of account number 8310		

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 16,289.00

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number (If known)			

Check if this is an  
amended filing

**Official Form 106E/F**

12/15

**Schedule E/F: Creditors Who Have Unsecured Claims**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims.

List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.  
 Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 AAMS LLC

Creditor's Name  
4800 Mills Civic Pkwy St

Number Street

West Des Moines IA 50265  
City State Zip Code

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 1370

Total claim  
\$ 23.00

When was the debt incurred? 2017-2018

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans.  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Medical Debt

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.2	AAMS LLC  Creditor's Name 4800 Mills Civic Pkwy St  Number Street  West Des Moines IA 50265  City State Zip Code	Last 4 digits of account number <u>1436</u>  When was the debt incurred? <u>2017-2018</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	\$ <u>23.00</u>
4.3	AAMS LLC  Creditor's Name 4800 Mills Civic Pkwy St  Number Street  West Des Moines IA 50265  City State Zip Code	Last 4 digits of account number <u>1656</u>  When was the debt incurred? <u>2017-2018</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	\$ <u>23.00</u>
4.4	AAMS LLC  Creditor's Name PO Box 65576  Number Street  W Des Moines IA 50265  City State Zip Code	Last 4 digits of account number <u>4192</u>  When was the debt incurred? <u>2017</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Debt Owed</u>	\$ <u>23.43</u>

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.5	ACL Laboratories	Last 4 digits of account number	5251	\$ 62.58
Creditor's Name PO Box 27901	Number Street	When was the debt incurred?	07/2017	
West Allis WI 53227 City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>				
4.6	Advocate Good Shepard Hospital	Last 4 digits of account number	4783	\$ 53.63
Creditor's Name 450 W Highway 22	Number Street	When was the debt incurred?	03/2014	
Barrington IL 60010 City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>				
4.7	Advocate Medical Group	Last 4 digits of account number	0546	\$ 49.69
Creditor's Name PO Box 92523	Number Street	When was the debt incurred?	07/2017	
Chicago IL 60675 City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Service</u>				

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.8	American Medical Coll. Agency	Last 4 digits of account number	8955	\$ 135.22
Creditor's Name				
4 Westchester Plaza Suite 110				
Number Street				
Elmsford	NY	10523		
City	State	Zip Code		
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim relates to a community debt				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.9	AMITA Healthcare	Last 4 digits of account number	4101	\$ 240.37
Creditor's Name				
22589 Network Place				
Number Street				
Chicago	IL	60673		
City	State	Zip Code		
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim relates to a community debt				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.10	Animal Care Clinic	Last 4 digits of account number	7564	\$ 546.55
Creditor's Name				
230 Stonegate Rd				
Number Street				
Algonquin	IL	60102		
City	State	Zip Code		
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim relates to a community debt				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

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Last Name

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.11	ATG Credit	Last 4 digits of account number	0003	\$ 200.00
	Creditor's Name 1700 W Cortland St Ste 2	When was the debt incurred?	2015-2016	
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Chicago IL 60622	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
	City State Zip Code	Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans.	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
		<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Other. Specify <u>Medical Debt</u>	
		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
4.12	Barclays BANK Delaware	Last 4 digits of account number	NULL	\$ 2,667.00
	Creditor's Name Po Box 8803	When was the debt incurred?	2014-2018	
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Wilmington DE 19899	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
	City State Zip Code	Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans.	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
		<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	
		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
4.13	Barrington OB/GYN Assoc LTD	Last 4 digits of account number		\$ 12.25
	Creditor's Name 27790 W Highway 22 Suite 32	When was the debt incurred?	09/2015	
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Barrington IL 60010	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
	City State Zip Code	Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans.	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
		<input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	
		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.14	Barrington OB/GYN Associates LTD Creditor's Name 27790 W Highway 22, Suite 32 Number Street  Barrington IL 60010 City State Zip Code	Last 4 digits of account number <u>8652</u>	\$ <u>283.52</u>
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u></p>			
4.15	BCA Financial Services, INC. Creditor's Name 18001 Old Cutter Road Suite 462 Number Street  Miami FL 33157 City State Zip Code	Last 4 digits of account number <u>4783</u>	\$ <u>33.63</u>
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u></p>			
4.16	Caine & Weiner Creditor's Name PO Box 5010 Number Street  Woodland Hills CA 91365 City State Zip Code	Last 4 digits of account number <u>7719</u>	\$ <u>147.31</u>
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u></p>			

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.17	Capitalone	Last 4 digits of account number	NULL	\$ 3,891.00
Creditor's Name 15000 Capital One Dr	Number Street	When was the debt incurred?	2013-2018	
<b>Who owes the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>				
4.18	Centegra Health System	Last 4 digits of account number	0001	\$ 25.00
Creditor's Name PO Box 6204	Number Street	When was the debt incurred?	11/2016	
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>				
4.19	Centegra Health System	Last 4 digits of account number	0001	\$ 73.37
Creditor's Name PO Box 6204	Number Street	When was the debt incurred?	12/2016	
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>				

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

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**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.20	Centegra Health System Creditor's Name PO Box 6204 Number Street  Carol Stream IL 60197 City State Zip Code	Last 4 digits of account number <u>0001</u>	\$ <u>93.80</u>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	
4.21	Centegra Health System Creditor's Name PO Box 6204 Number Street  Carol Stream IL 60197 City State Zip Code	Last 4 digits of account number <u>9578</u>	\$ <u>136.73</u>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	
4.22	CitiMortgage Inc. Creditor's Name Box 140609 Number Street  Irving TX 75014 City State Zip Code	Last 4 digits of account number <u>      </u>	\$ <u>0.00</u>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>      </u>	

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

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**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.23	Compass Healthcare Consultants LLC Creditor's Name PO Box 71626 Number Street  Chicago IL 60694 City State Zip Code	Last 4 digits of account number <u>9432</u>	\$ <u>122.40</u>
	<b>Who owes the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	
4.24	Credit ONE BANK NA Creditor's Name Po Box 98875 Number Street  Las Vegas NV 89193 City State Zip Code	Last 4 digits of account number <u>NULL</u>	\$ <u>1,708.00</u>
	<b>Who owes the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	
4.25	Crystal Lake Immed Care Phys Creditor's Name Po Box 71789 Number Street  Chicago IL 60694 City State Zip Code	Last 4 digits of account number <u>7260</u>	\$ <u>11.81</u>
	<b>Who owes the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

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Last Name

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.26	Drs. Doppke & Panagakis Creditor's Name 444 S Rand Rd Suite 200 Number Street  Lake Zurich IL 60047 City State Zip Code	Last 4 digits of account number wder When was the debt incurred? 09/2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical/Dental Services	\$ 411.20
4.27	GI Partners, LLC Creditor's Name 2720 S River Rd Suite 130 Number Street  Des Plaines IL 60018 City State Zip Code	Last 4 digits of account number 2031 When was the debt incurred? 10/2017  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 12.15
4.28	Harris & Harris, LTD Creditor's Name 111 W Jackson Blvd Number Street Suite 400  Chicago IL 60604 City State Zip Code	Last 4 digits of account number 1859 When was the debt incurred? 08/2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Collecting for Creditor	\$ 117.45

Debtor 1 Kim

Marie

Crowder

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.29	Harris & Harris, LTD Creditor's Name 111 W Jackson Blvd Number Street Suite 400  Chicago IL 60604 City State Zip Code	Last 4 digits of account number <u>5573</u>	\$ <u>277.00</u>
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Other. Specify</b> <u>Collecting for Creditor</u></p>			
4.30	Harris & Harris, LTD Creditor's Name 111 W Jackson Blvd Number Street Suite 400  Chicago IL 60604 City State Zip Code	Last 4 digits of account number <u>3464</u>	\$ <u>339.80</u>
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Other. Specify</b> <u>Collecting for Creditor</u></p>			
4.31	Harris & Harris, LTD Creditor's Name 111 W Jackson Blvd Number Street Suite 400  Chicago IL 60604 City State Zip Code	Last 4 digits of account number <u>6938</u>	\$ <u>2,989.37</u>
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Other. Specify</b> <u>Collecting for Creditor</u></p>			

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.32	Harris & Harris, LTD Creditor's Name 111 W Jackson Blvd Number Street Suite 400  Chicago IL 60604 City State Zip Code	Last 4 digits of account number <u>4762</u>	\$ <u>3,529.37</u>
<b>Who owes the debt?</b> Check one.		<b>As of the date you file, the claim is:</b> Check all that apply.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>		<b>Type of NONPRIORITY unsecured claim:</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u>	
4.33	Harris & Harris, LTD Creditor's Name 111 W Jackson Blvd Number Street Suite 400  Chicago IL 60604 City State Zip Code	Last 4 digits of account number <u>5945</u>	\$ <u>6,859.00</u>
<b>Who owes the debt?</b> Check one.		<b>As of the date you file, the claim is:</b> Check all that apply.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>		<b>Type of NONPRIORITY unsecured claim:</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u>	
4.34	ICS/Illinois Collection Serv. Creditor's Name 8231 W. 185th Street Number Street  Tinley Park IL 60487 City State Zip Code	Last 4 digits of account number <u>9974</u>	\$ <u>3,677.00</u>
<b>Who owes the debt?</b> Check one.		<b>As of the date you file, the claim is:</b> Check all that apply.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>		<b>Type of NONPRIORITY unsecured claim:</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Debt Owed</u>	

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

First Name

Middle Name

Last Name

**Part 2:****Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.35	IICWRGNR-Integrated Imaging Consultants Creditor's Name PO Box 95040 Number Street  Chicago IL 60694 City State Zip Code	Last 4 digits of account number <u>38.1</u>	\$ <u>1,784.00</u>
	<b>Who owes the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	
4.36	Kohls/Capone Creditor's Name N56 W 17000 Ridgewood Dr Number Street  Menomonee Falls WI 53051 City State Zip Code	Last 4 digits of account number <u>NULL</u>	\$ <u>2,190.00</u>
	<b>Who owes the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	
4.37	Lake IM Care & Clinic Creditor's Name 452 W. State Rd Suite D Number Street  Island Lake IL 60042 City State Zip Code	Last 4 digits of account number <u>4584</u>	\$ <u>17.96</u>
	<b>Who owes the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

First Name

Middle Name

Last Name

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.38	Lake Immediate Care & Clinic Creditor's Name 452 W. State Rd ste D Number Street  Island Lake IL 60042 City State Zip Code	Last 4 digits of account number 2052 When was the debt incurred? 07/2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical/Dental Services	\$ 11.55
4.39	Lake Immediate Care & Clinic Creditor's Name Po Box 14000 Number Street  Belfast ME 04915 City State Zip Code	Last 4 digits of account number 2052 When was the debt incurred? 02/2018  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical/Dental Services	\$ 18.19
4.40	Lou Harris & Co. Creditor's Name 1040 S. Milwaukee Ave. Ste 110 Number Street  Wheeling IL 60090 City State Zip Code	Last 4 digits of account number 5881 When was the debt incurred? 2017  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Collecting for Creditor	\$ 86.94

Debtor 1 Kim \_\_\_\_\_

Marie \_\_\_\_\_

Crowder \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.41	MBB _____	Last 4 digits of account number <u>1581</u>	\$ <u>122.00</u>
Creditor's Name <u>1460 Renaissance Dr</u> Number Street _____ City <u>Park Ridge</u> State <u>IL</u> Zip Code <u>60068</u>			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>			
4.42	MCA Management Company _____	Last 4 digits of account number <u>0986</u>	\$ <u>194.40</u>
Creditor's Name _____ Number Street <u>PO Box 480</u> City <u>High Ridge</u> State <u>MO</u> Zip Code <u>63049</u>			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.43	McHenry Pathology Associates, S.C. _____	Last 4 digits of account number <u>9578</u>	\$ <u>16.26</u>
Creditor's Name <u>520 E 22nd st</u> Number Street _____ City <u>Lombard</u> State <u>IL</u> Zip Code <u>60148</u>			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>			

Debtor 1 Kim \_\_\_\_\_

Marie \_\_\_\_\_

Crowder \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.44	Medical Recovery Specialists, LLC Creditor's Name 2250 E Devon Ave. Ste 352 Number Street  Des Plaines IL 60018 City State Zip Code	Last 4 digits of account number <u>0807</u>	\$ <u>0.00</u>
<b>Who owes the debt?</b> Check one.		<b>As of the date you file, the claim is:</b> Check all that apply.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>		<b>Type of NONPRIORITY unsecured claim:</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	
4.45	Mercy Health System Creditor's Name PO Box 5003 Number Street  Janesville WI 53547 City State Zip Code	Last 4 digits of account number <u>6029</u>	\$ <u>28.57</u>
<b>Who owes the debt?</b> Check one.		<b>As of the date you file, the claim is:</b> Check all that apply.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>		<b>Type of NONPRIORITY unsecured claim:</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Service</u>	
4.46	Midwest Advanced Radiology Creditor's Name PO Box 7389 Number Street  Prospect Heights IL 60070 City State Zip Code	Last 4 digits of account number <u>1000</u>	\$ <u>4.01</u>
<b>Who owes the debt?</b> Check one.		<b>As of the date you file, the claim is:</b> Check all that apply.	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>		<b>Type of NONPRIORITY unsecured claim:</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	

Debtor 1 Kim

Marie

Crowder

First Name

Middle Name

Last Name

**Part 2:****Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.47	Midwest operating Engineers Fringe Benefit Fu	Last 4 digits of account number	8002	\$ 236.73
Creditor's Name 6150 Joliet Rd		When was the debt incurred?		10/2017
Number Street				
Countryside IL 60525				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>				
4.48	MiraMed Revenue Group	Last 4 digits of account number	1059	\$ 709.25
Creditor's Name 360 E 22nd St		When was the debt incurred?		12/2017
Number Street				
Lombard IL 60148				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>				
4.49	Mr. Cooper	Last 4 digits of account number	8985	\$ 36,077.30
Creditor's Name 8950 Cypress Waters Blvd		When was the debt incurred?		2016
Number Street				
Coppell TX 75019				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Mortgage Deficiency</u>				

Debtor 1 Kim \_\_\_\_\_

Marie \_\_\_\_\_

Crowder \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2:****Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.50	Nicor Gas Creditor's Name PO Box 549 Number Street  Aurora IL 60507 City State Zip Code	Last 4 digits of account number 1000	\$ 280.62
		When was the debt incurred? 2018	
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Utility Bills/Cellular Service</p>			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.51	Northern Moraine Wastewater Reclamation Dis Creditor's Name PO Box 240 Number Street  Island Lake IL 60042 City State Zip Code	Last 4 digits of account number 1550	\$ 298.66
		When was the debt incurred? 02/2018	
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Utility Bills/Cellular Service</p>			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.52	OAC Creditor's Name PO Box 371100 Number Street  Milwaukee WI 53237 City State Zip Code	Last 4 digits of account number 5444	\$ 10.00
		When was the debt incurred? 2017	
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collecting for Creditor</p>			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Kim \_\_\_\_\_

Marie \_\_\_\_\_

Crowder \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.53	PERSONAL FINANCE/Marin _____	Last 4 digits of account number _____	\$ _____
Creditor's Name 8211 Town Center Dr	4418	\$ 0.00	
Number Street			
Baltimore MD 21236	When was the debt incurred?	2015-2018	
City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Last 4 digits of account number _____ \$ 2219 _____			
When was the debt incurred? 09/2017			
<b>As of the date you file, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans.			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input type="checkbox"/> Other. Specify _____			
4.54 Prime Specialty Pharmacy _____			
Creditor's Name Po Box 860350			
Number Street			
Minneapolis MN 55486	When was the debt incurred?	09/2017	
City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Last 4 digits of account number _____ \$ 2219 _____			
When was the debt incurred? 09/2017			
<b>As of the date you file, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans.			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input type="checkbox"/> Other. Specify _____			
4.55 R&I Law Group _____			
Creditor's Name 100 East Main St			
Number Street			
Lake Zurich IL 60047	When was the debt incurred?	2017	
City State Zip Code			
<b>Who owes the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Last 4 digits of account number _____ \$ 3,251.00 _____			
When was the debt incurred? 2017			
<b>As of the date you file, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans.			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input type="checkbox"/> Other. Specify _____			

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.56	Readyrefresh BY Nestle Creditor's Name Po Box 5010 Number Street  Woodland Hills CA 91365 City State Zip Code	Last 4 digits of account number <u>7719</u>	\$ <u>124.00</u>
<p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u></p>			
4.57	Receivables Management Partners, LLC Creditor's Name 2250 E Devon Ave ste 245 Number Street  Des Plaines IL 60018 City State Zip Code	Last 4 digits of account number <u>1602</u>	\$ <u>140.00</u>
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u></p>			
4.58	Renee Burke MD PC Creditor's Name 18 E Dundee Rd Bldg 3 Suite 200 Number Street  Barrington IL 60010 City State Zip Code	Last 4 digits of account number <u>192</u>	\$ <u>259.29</u>
<p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans.  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u></p>			

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

First Name

Middle Name

Last Name

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.59	Renee Burke MD PC Creditor's Name 18 E Dundee Rd Bldg 3 Suite 200 Number Street  Barrington IL 60010 City State Zip Code	Last 4 digits of account number <u>601</u>	\$ <u>544.59</u>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	
4.60	Ritaccia Cos Surgery & Medspa LTD Creditor's Name Po Box 578220 Number Street  Chicago IL 60657 City State Zip Code	Last 4 digits of account number <u>7586</u>	\$ <u>11.81</u>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	
4.61	Suburban Surgical Assistants Creditor's Name Po Box 369 Number Street  New Lenox IL 60451 City State Zip Code	Last 4 digits of account number <u>0000</u>	\$ <u>39.68</u>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.62	Syncb/CARE CREDIT	Last 4 digits of account number	NULL	\$ 1,426.00
Creditor's Name 950 Forrer Blvd		When was the debt incurred?		2016-2018
Number Street		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Kettering OH 45420		Type of NONPRIORITY unsecured claim:		
City State Zip Code		<input type="checkbox"/> Student loans.		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce		
		that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input type="checkbox"/> Other. Specify Credit Card or Credit Use		
Who owes the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.63	Transworld Systems Inc.	Last 4 digits of account number		\$ 1,952.79
Creditor's Name 507 Prudential Rd		When was the debt incurred?		2017
Number Street		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Horsham PA 19044		Type of NONPRIORITY unsecured claim:		
City State Zip Code		<input type="checkbox"/> Student loans.		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce		
		that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input type="checkbox"/> Other. Specify Collecting for Creditor		
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.64	Tri-County Emergency Phys LTD	Last 4 digits of account number	8511	\$ 32.85
Creditor's Name Po Box 71709		When was the debt incurred?		08/2016
Number Street		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Chicago IL 60694		Type of NONPRIORITY unsecured claim:		
City State Zip Code		<input type="checkbox"/> Student loans.		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce		
		that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Kim

Marie

Crowder

Case Number (if known)

First Name

Middle Name

Last Name

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.65	Van Dam Dermatology & Laser Center	Last 4 digits of account number	2969	\$ 7.83
Creditor's Name PO Box 5677		When was the debt incurred?		09/2015
Number Street				
Carol Stream IL 60197				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>				
4.66	Village of Island Lake	Last 4 digits of account number	bage	\$ 188.36
Creditor's Name 3720 Greenleaf Ave.		When was the debt incurred?		11/2017
Number Street				
Island Lake IL 60042				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Utility Bills/Cellular Service</u>				
4.67	Wellington Radiology Group	Last 4 digits of account number	18.1	\$ 11.10
Creditor's Name 39006 Treasury Center		When was the debt incurred?		12/2013
Number Street				
Chicago IL 60694				
City State Zip Code				
<b>Who owes the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>				

Debtor 1 Kim

Marie

Crowder

Case Number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 3:****List Others to Be Notified for a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Malcolm S. Gerald and Assoc., Bankruptcy Dept.

On which entry in Part 1 or Part 2 list the original creditor?

Name  
332 S. Michigan Ave., Ste. 600Line 7 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Chicago IL 60604

Last 4 digits of account number 0546

Northstar Location Services, Bankruptcy Dept.

On which entry in Part 1 or Part 2 list the original creditor?

Name  
4285 Genesee St.Line 12 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Cheektowaga NY 14225

Last 4 digits of account number NULL

City State Zip Code

Alpha Recovery Group LLC, Bankruptcy Dept.

On which entry in Part 1 or Part 2 list the original creditor?

Name  
6912 S Quentin st. Unit 10Line 12 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Centennial CO 80112

Last 4 digits of account number NULL

City State Zip Code

Advocate Good Shepard Hospital, Bankruptcy Dept.

On which entry in Part 1 or Part 2 list the original creditor?

Name  
450 W II Route 22Line 15 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Barrington IL 60010

Last 4 digits of account number 4783

City State Zip Code

Ice Mountain Water, Bankruptcy Dept.

On which entry in Part 1 or Part 2 list the original creditor?

Name  
PO Box 52214Line 16 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Phoenix AZ 85072-221

Last 4 digits of account number 7719

City State Zip Code

Ira T. Nevel, Bankruptcy Dept.

On which entry in Part 1 or Part 2 list the original creditor?

Name  
175 N. Franklin, Suite 201Line 22 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Chicago IL 60606

Last 4 digits of account number       

City State Zip Code

Debtor 1 Kim Marie Crowder

First Name Middle Name Last Name

Clerk, Chancery, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name 50 W. Washington St., Room 802

Line 22 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Number Street

 Part 2: Creditors with Nonpriority Unsecured ClaimsChicago IL 60602  
City State Zip Code

Last 4 digits of account number \_\_\_\_\_

Mercy Health System, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name PO Box 5003

Line 28 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Number Street

 Part 2: Creditors with Nonpriority Unsecured ClaimsJanesville WI 53547  
City State Zip Code

Last 4 digits of account number 5573 \_\_\_\_\_

Advocate Healthcare, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name 2025 Windsor Dr.

Line 29 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Number Street

 Part 2: Creditors with Nonpriority Unsecured ClaimsHinsdale IL 60523-939  
City State Zip Code

Last 4 digits of account number 1859 \_\_\_\_\_

Centegra Health System, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name PO Box 6204

Line 30 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Number Street

 Part 2: Creditors with Nonpriority Unsecured ClaimsCarol Stream IL 60197  
City State Zip Code

Last 4 digits of account number 3464 \_\_\_\_\_

Centegra Health System, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name PO Box 6204

Line 33 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Number Street

 Part 2: Creditors with Nonpriority Unsecured ClaimsCarol Stream IL 60197  
City State Zip Code

Last 4 digits of account number 5945 \_\_\_\_\_

Advocate Good Shepard Hospital, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name 450 W II Route 22

Line 34 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Number Street

 Part 2: Creditors with Nonpriority Unsecured ClaimsBarrington IL 60010  
City State Zip Code

Last 4 digits of account number 9974 \_\_\_\_\_

ICS/Illinois Collection Serv., Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name 8231 W. 185th Street

Line 35 of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Number Street

 Part 2: Creditors with Nonpriority Unsecured ClaimsTinley Park IL 60487  
City State Zip Code

Last 4 digits of account number 38.1 \_\_\_\_\_

Debtor 1 Kim Marie Crowder

First Name Middle Name Last Name

Merchants &amp; Medical Credit, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name 6324 Taylor Drive

Number Street

Flint MI 48507-468:

Last 4 digits of account number NULL

City State Zip Code

Weigel, Randolph, M.D, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name 737 N Michigan Ave, Ste 900

Number Street

Chicago IL 60611

Last 4 digits of account number 5881

City State Zip Code

Centegra Health System, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name PO Box 6204

Number Street

Carol Stream IL 60197

Last 4 digits of account number 8002

City State Zip Code

St. Alexius Medical Center, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name 1555 Barrington Rd.

Number Street

Hoffman Estates IL 60194

Last 4 digits of account number 1059

City State Zip Code

Alliance Pathology Consultants, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name 800 Biesterfield Rd

Number Street

Elk Grove Village IL 60007

Last 4 digits of account number 5444

City State Zip Code

Midwest Diagnostic Pathology, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name 75 Remittance Dr., Ste. 3070

Number Street

Chicago IL 60675

Last 4 digits of account number 1602

City State Zip Code

Allied Interstate, Bankruptcy Dept.

## On which entry in Part 1 or Part 2 list the original creditor?

Name \_\_\_\_\_ Line \_\_\_\_\_ of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name 12755 State Hwy 55

Number Street

Suite 300

Plymouth MN 55441

Last 4 digits of account number NULL

City State Zip Code

Debtor 1 Kim

Marie

Crowder

First Name

Middle Name

Last Name

Lake Cook Orthopedic, Bankruptcy Dept

**On which entry in Part 1 or Part 2 list the original creditor?**Line 63 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured ClaimsName  
27401 W Highway 22 #125

Number Street

Barrington IL 60010  
City State Zip Code

Last 4 digits of account number \_\_\_\_\_

OAC, Bankruptcy Dept.

**On which entry in Part 1 or Part 2 list the original creditor?**Line 67 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured ClaimsMilwaukee WI 53237  
City State Zip CodeLast 4 digits of account number 18.1 \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 4:****Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

Add the amounts for each type of unsecured claim.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	<b>6a. Domestic support obligations</b>	6a. \$ _____ 0.00
	<b>6b. Taxes and Certain other debts you owe the government</b>	6b. \$ _____ 0.00
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	6c. \$ _____ 0.00
	<b>6d. Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. \$ _____ 0.00
	<b>6e. Total.</b> Add lines 6a through 6d.	6e. \$ _____ 0.00
<b>Total claims from Part 2</b>	<b>6f. Student loans</b>	6f. \$ _____ 0.00
	<b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ _____ 0.00
	<b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ _____ 0.00
	<b>6i. Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ _____ 78,932.73
	<b>6j. Total.</b> Add lines 6f through 6i.	6j. \$ _____ 78,932.73

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number (If known)			

Check if this is an  
amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed in *Schedule A/B: Property* (Official Form 106A/B)

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Irish Prairie Development Corp.  Name 4300 W Shamrock Lane  Number Street  Mc Henry IL 60050 City State Zip Code	Lessee
2.2	Name  Number Street  City State Zip Code	
2.3	Name  Number Street  City State Zip Code	
2.4	Name  Number Street  City State Zip Code	
2.5	Name  Number Street  City State Zip Code	

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u>			(State)
Case Number _____			<input type="checkbox"/> Check if this is an amended filing
Case Number _____			(If known)

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No.  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. Inwhich community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse or legal equivalent

Number Street

City State Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 Tracy Crowder  
Name  
1112 E Sanctuary Dr 3a

Number Street  
Island Lake IL 60042  
City State Zip Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line 17

Schedule G, line \_\_\_\_\_

3.2 \_\_\_\_\_  
Name  
\_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.3 \_\_\_\_\_  
Name  
\_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case Number _____ (If known)			

Check if this is:

- An amended filing  
 A supplement showing post-petition  
 chapter 13 income as of the following date:  
 \_\_\_\_\_

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information

If you have more than one job, attach a separate page with information about additional employers.

##### Employment status

##### Debtor 1

##### Debtor 2 or non-filing spouse

- Employed  
 Not employed

- Employed  
 Not employed

Include part-time, seasonal, or self-employed work.

##### Occupation

##### Bus Aid

Occupation may include student or homemaker, if it applies.

##### Employers name

##### Community School District 118

##### Employers address

##### 555 North Main Street

##### Wauconda, IL 60084

##### How long employed there?

##### Since 8/1/2013

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

##### For Debtor 1

##### For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

\$1,235.10

\$0.00

3. Estimate and list monthly overtime pay.

\$0.00

\$0.00

4. Calculate gross income. Add line 2 + line 3.

**\$1,235.10**

**\$0.00**

Debtor 1

Kim

Marie

Document  
Crowder

Case Number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here .....</b>	<b>4. \$1,235.10</b>	<b>\$0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$174.62	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$55.58	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$48.92	\$0.00
5h. Other deductions. Specify: _____	5h. \$0.00	\$0.00
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	<b>6. \$279.12</b>	<b>\$0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$955.98</b>	<b>\$0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$600.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ 1026.00	\$ 0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive	8f. \$0.00	\$0.00
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____		
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. \$0.00	\$0.00
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	<b>9. \$1,626.00</b>	<b>\$0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10. \$2,581.98</b>	<b>+ \$0.00 = \$2,581.98</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. _____	\$0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. _____	\$2,581.98
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	

Debtor 1

Kim

Marie

First Name

Middle Name

Last Name

Case Number (if known) \_\_\_\_\_

**Part 3:****Additional Employment Information****Debtor 1**Occupation Self Employed Hairdresser

Employers name \_\_\_\_\_

Employers address \_\_\_\_\_  
\_\_\_\_\_  
,

How long employed there? \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case Number _____ (If known)			

Check if this is:

- An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

- A separate filing for Debtor 2 because Debtor 2 maintains a separate household.

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No.

Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

#### Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$924.00

If not included in line 4:

- |   |             |
|---|-------------|
| 4a. Real estate taxes                             | 4a. \$0.00  |
| 4b. Property, homeowner's, or renter's insurance  | 4b. \$26.00 |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$0.00  |
| 4d. Homeowner's association or condominium dues   | 4d. \$0.00  |

Debtor 1 Kim Marie  
 First Name Middle Name Last Name

**Your expenses**

5. Additional Mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$160.00
6b. Water, sewer, garbage collection	6b.	\$0.00
6c. Telephone, cell phone, internet, satellite, and cable service	6c.	\$170.00
6d. Other. Specify: _____	6d.	\$ 0.00
7. Food and housekeeping supplies	7.	\$450.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$25.00
10. Personal care products and services	10.	\$25.00
11. Medical and dental expenses	11.	\$40.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$318.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c.	\$86.00
15d. Other insurance. Specify: _____	15d.	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: _____	16.	\$0.00
17. Installment or lease payments:  17a. Car payments for Vehicle 1	17a.	\$342.00
17b. Car payments for Vehicle 2	17b.	\$0.00
17c. Other. Specify: _____	17c.	\$0.00
17d. Other. Specify: _____	17d.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$0.00
19. Other payments you make to support others who do not live with you.  Specify: _____	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$ 0.00
20b. Real estate taxes	20b.	\$ 0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0.00
20e. Homeowner's association or condominium dues	20e.	\$ 0.00

Debtor 1 Kim

Marie

Crowder

Last Name

21. Other. Specify: \_\_\_\_\_

21.

\$0.00

22. Your monthly expense: Add lines 4 through 21.

22.

\$2,566.00

The result is your monthly expenses.

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a.

\$2,581.98

23b. Copy your monthly expenses from line 22 above.

23b.-

\$2,566.00

23c. Subtract your monthly expenses from your monthly income.

23c.

\$15.98

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No

Yes. Explain Here:

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number _____ (If known)			

Check if this is an amended filing

## Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person \_\_\_\_\_.

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Kim Marie Crowder

Signature of Debtor 1

**X**

Signature of Debtor 2

Date 05/02/2018  
MM / DD / YYYY

Date                     
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	First Name Kim	Middle Name Marie	Last Name Crowder
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number (If known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

01. What is your current marital status?

- Married  
 Not married

02 During the last 3 years, have you lived anywhere other than where you live now?

- No.  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1

Dates Debtor 1  
lived there

Debtor 2:

Dates Debtor 2  
lived there

Same as Debtor 1

Same as Debtor 1

1033 Wimbledon Dr

FROM 06/1999

Island Lake IL 60042-9115

To 11/2017

03 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No.  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2: Explain the Sources of Your Income**

Debtor 1 Kim Marie Crowder Case Number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**04 Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No.

Yes. Fill in the details

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply		Sources of income Check all that apply	
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips      \$4,906 <input checked="" type="checkbox"/> Operating a business      \$2,033	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For last calendar year: (January 1 to December 31, 2017)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips      \$12,515 <input checked="" type="checkbox"/> Operating a business      \$6,432	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that: (January 1 to December 31, 2016)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips      \$11,010 <input checked="" type="checkbox"/> Operating a business      \$6,851	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**05 Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No.

Yes. Fill in the details

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Describe below.		Sources of income Describe below.	
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	Alimony      \$1,026/month Workers Comp      \$3,200		
<b>For last calendar year: (January 1 to December 31, 2017)</b>	Alimony      \$7,577		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

Debtor 1 Kim Marie Crowder Case Number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

06 Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as

"incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payments	Total amount paid	Amount you still owe	Was this payment for...
FORD CRED Po Box Box 542000 Omaha NE 68154	Monthly \$ 1,026	\$ 16,289	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____

07 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No.

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Parents _____	2018 \$2,000	\$0	Paid back for Security deposit
_____	_____	_____	_____
_____	_____	_____	_____

Debtor 1 Kim Marie Crowder Case Number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

- 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No.

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
------------------	-------------------	----------------------	--

**Part 4: Identify Legal actions, Repossessions, and Foreclosures**

- 09 Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No.

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Citmortgage Inc VS Kim Crowder	McHenry Circuit Court	<input type="checkbox"/> Pending
CASE NUMBER#17CH215		<input type="checkbox"/> On appeal
_____		<input checked="" type="checkbox"/> Concluded
_____		

- 10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
 Check all that apply and fill in the details below.

No. Go to line 11

Yes. Fill in the information below.

- 11 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No. Go to line 11

Yes. Fill in the information below.

- 12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No.

Yes.

**Part 5: List Certain Gifts and Contributions**

- 13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No.

Yes. Fill in the details for each gift.

- 14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No.

Yes. Fill in the details for each gift.

**Part 6: List Certain Losses**

- 15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No.

Yes. Fill in the details for each gift.

**Part 7: List Certain Payments or Transfers**

- 16 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

Debtor 1 Kim Marie Crowder Case Number (if known)                         

First Name Middle Name Last Name

No.

■ Yes. Fill in the details

Party Contact Info	Description and value of any property transferred	Date payment or transfer	Amount of payment
<u>Geraci Law L.L.C.</u>			\$1,000.00
<u>55 E. Monroe Street #3400</u>			
<u>Chicago,IL 60603</u>			

Party Contact Info	Description and value of any property transferred	Date payment or transfer	Amount of payment
<u>Hananwill Credit Counseling</u> <u>115 N. Cross St.</u> <u>Robinson, IL 62454</u> <u>                        </u>	Credit Counseling Services	2018	\$25.00

- 17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

No.

Yes. Fill in the details.

- 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

No.

■ Yes. Fill in the details for each gift.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
1033 Wimbledon, Dr, Island Lake, IL	Short Sale to a 3rd Party	2/14/2018

**Person's relationship to you      Unrelated third Party**

- 19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No.

Yes. Fill in the details for each gift.

## **Part 8:**

**List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

Debtor 1 Kim Marie Crowder Case Number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

20 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No.

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No.

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
----------------------------	-----------------------	-----------------------

22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No.

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Roberts Road Mini Storage 4001 W. roberts Road Island Lake, IL	Furniture, old treadmill	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

#### Part 9: Identify Property You Hold or Control for Someone Else

23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No.

Yes. Fill in the details.

Where is the property?	Describe the property	Value
------------------------	-----------------------	-------

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No.

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

25 Have you notified any governmental unit of any release of hazardous material?

No.

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

Debtor 1 Kim Marie Crowder Case Number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No.

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

**27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Kim Crowder, 4411 W Shamrock

Lane 2a, McHenry, IL 60050

<b>Describe the nature of the business</b>	<b>Employer Identification number Do not include Social Security number or</b>
Hair Stylist	EIN: _____
<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b>
	2003 - Present

**28 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No.

Yes. Fill in the details.

Date issued
-------------

**Part 12: Sign Below**

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Kim Marie Crowder  
 Signature of Debtor 1

**X** \_\_\_\_\_  
 Signature of Debtor 2

Date 05/02/2018  
 MM / DD / YYYY

Date \_\_\_\_\_  
 MM / DD / YYYY

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Kim	Marie	Crowder
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number (If known)			

Check if this is an  
amended filing

**Official Form 108****Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: *Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>FORD CRED</u>	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2016 Ford Fusion with over 30,000 miles		
Creditor's name:	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt:		

**Part 2:****List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Irish Prairie Development Corp.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of leased property: 4411 W Shamrock Lane 2a, McHenry IL	
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of leased property:	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3:** **Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** /s/ Kim Marie Crowder

Signature of Debtor 1

Date Dated: 05/02/2018  
MM / DD / YYYY

**X**

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

United States Bankruptcy Court  
NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

**Kim Marie Crowder / Debtor**

Case No:

Chapter: **Chapter 7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<b>\$1,000.00</b>
Prior to the filing of this statement I have received	<b><u>\$1,000.00</u></b>
Balance Due	<b>\$0.00</b>

2. The source of the compensation paid to me was:

Debtor(s)       Other: (specify)

3. The source of compensation to be paid to me is:

Debtor(s)       Other: (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Fee does NOT include any work done post-filing.

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

Date: 05/04/2018  
Date

/s/ **Jason Kyle Nielson**  
*Signature of Attorney*

Geraci Law L.L.C.  
*Name of law firm*

Date: 4/4/2018

Consultation Attorney: JOD

Record #: 762-760



## Retainer Agreement Chapter 7 - Pre-filing

**Services before filing in Court:** I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by debit only, a flat fee for services **before** filing in court of \$ 1,000.00 at \$ { \_\_\_\_\_ } today,

\$ { \_\_\_\_\_ } per { \_\_\_\_\_ } starting { \_\_\_\_\_ } and \$ { \_\_\_\_\_ } I will obtain from { \_\_\_\_\_ } within 60 days of today. Bankruptcy is time-sensitivel may pay more than this amount to pre-pay post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will start preparing your documents as soon as you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filing in Court is not included in the pre-filing amount, unless you pay us for it in advance:

**After we file your Chapter 7 bankruptcy in Court,** we will advance your Court Cost of \$335. Your flat fee for services **after** case filing is \$ 1,000.00. We will present you with an agreement to repay the \$335 we will advance after filing, and for our services after filing through Discharge or case closing without discharge, (at which time our representation of you ceases) totalling \$ 1,335.00. Whether or not you sign a post-filing agreement is entirely voluntary: you are not required to retain Geraci Law for post-bankruptcy services. We will not withdraw for non-payment if you decide not to sign a post-filing agreement, reimburse the \$335 we paid for you, or fees. We will attend your meeting of creditors and perform ministerial tasks, but you may have to retain someone else for anything not included in the post-filing fee (read next paragraph for what is included)

**The flat fee for pre-filing work pays for:** consultation after hiring us, (before retaining us is free) preparation petition, phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. **Excluded:** appearance in any court or proceeding; taking calls from your creditors or bill collectors. **If you decide to pre-pay, or pay for ALL services before and after we file your case in court,** all work until case closing is included except: missed section 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically request from you; appearance other than bankruptcy court. With "flat fee", rather than hourly, you know in advance your entire cost unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75-\$450/hour, and pay in advance a security retainer, which may cost you more, or less than a flat fee. **Advance Payment Retainer.** Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees.. You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.

**Termination.** If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. **Wisconsin:** We will submit any unresolved dispute about the fee to binding arbitration within 30 days of receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund of unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.

**Time matters: You agree:** to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". **Change in circumstances:** This flat fee is based on the facts you told us. If that changes, your fee may change. **Exemption laws** only protect a limited amount of property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. **No guarantee of Discharge:** Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. **Debts not discharged:** student loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debts after filing including HOA dues; other debts listed in your info folder as usually not discharged. **No discharge if you don't take the 2nd educational course.** I will not transfer or acquire any property or incur any credit or debt before filing, and I must make full disclosure of all income, expenses, debts and assets on my bankruptcy petition as of the date I sign it. I AGREE TO READ EVERY PAGE AND EVERY LINE OF MY PETITION BEFORE I SIGN IT AND TO MAKE SURE THAT IT IS COMPLETE AND CORRECT.

Date: 4/4/18 X \_\_\_\_\_  
Kim Crowder (Debtor)

X \_\_\_\_\_  
(Joint Debtor)

X \_\_\_\_\_  
Attorney for the Debtor(s), Representing Geraci Law L.L.C.

rev 171110

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Kim Marie Crowder / Debtor

Bankruptcy Docket #:

Judge:

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 05/02/2018

/s/ Kim Marie Crowder

Kim Marie Crowder

X Date & Sign

\* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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# UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

#### **Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 05/02/2018

**/s/ Kim Marie Crowder**

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**Kim Marie Crowder**

Dated: 05/04/2018

**/s/ Jason Kyle Nielson**

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**Attorney: Jason Kyle Nielson**

Debtor 1	Kim	Marie	Crowder	Case Number (if known) _____
	First Name	Middle Name	Last Name	

**Part 6: Answer These Questions for Reporting Purposes**

16. **What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.  
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.  
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. **Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No.

Yes.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18. **How many creditors do you estimate that you owe?**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. **How much do you estimate your assets to be worth?**

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. **How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

**For you**

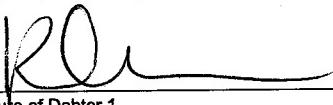
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
 X \_\_\_\_\_  
 Signature of Debtor 1

X \_\_\_\_\_  
 Signature of Debtor 2

Executed on 5/2/2018  
 MM / DD / YYYY

Executed on \_\_\_\_\_  
 MM / DD / YYYY

Fill in this information to identify your case:			
<b>Debtor 1</b>	<u>Kim</u> First Name	<u>Marie</u> Middle Name	<u>Crowder</u> Last Name
<b>Debtor 2</b> (Spouse, if filing)	<u></u> First Name	<u></u> Middle Name	<u></u> Last Name
United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)			
Case Number _____ (If known)			

Check if this is an  
amended filing

**Official Form 106 Dec**

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

**You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Sign Below**

**Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of Person \_\_\_\_\_

**Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).**

**Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.**

~~✓~~ Kle

**Signature of Doctor:**

**Signature of Debtor 1**

Date 5/2 /2018  
MM / DD / YYYY

Date \_\_\_\_\_

Date \_\_\_\_\_  
MM / DD / YYYY

Debtor 1 **Kim** **Marie** **Crowder** Case Number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No.  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
-----------------	--------------------	--------------------

Part 11: **Give Details About Your Business or Connections to Any Business**

**27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Kim Crowder, 4411 W Shamrock

Lane 2a, McHenry, IL 60050

Describe the nature of the business	Employer identification number Do not include Social Security number or
Hair Stylist	EIN: _____
Name of accountant or bookkeeper	Dates business existed

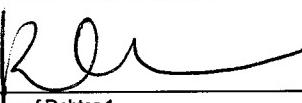
**28 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- No.  
 Yes. Fill in the details.

Date issued
-------------

Part 12: **Sign Below**

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
X \_\_\_\_\_

Signature of Debtor 1

X \_\_\_\_\_

Signature of Debtor 2

Date 5/20/2018  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No

Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petitioner Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor 1 Kim Document Page 74 of 78 Case Number (if known) \_\_\_\_\_

First Name

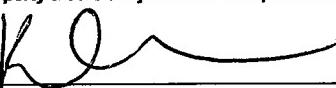
Marie

Last Name

Middle Name

## Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X \_\_\_\_\_

Signature of Debtor 1

Date Dated: 5/2 /20  
MM / DD / YYYY

X \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

**DISCLAIMER Debtors have read and agree:**

1. **Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity** in connection with a separation agreement, divorce decree or court order are not dischargeable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.

2. **Student loans and educational benefits** are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.

3. **Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support** are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.

4. **TAX DEBTS.** Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.

5. **Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.**

6. **Non filing spouse:** If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. **DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.**

8. **DEBTS where creditors successfully object to discharge may survive** Creditors, the Trustee, or Court, can try to deny discharge based on many factors, a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.

9. **INTEREST ON NON-DISCHARGEABLE DEBTS** in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.

10. **LIQUIDATION OF REAL AND PERSONAL PROPERTY.** If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.

11. **CHANGE IN LAWS.** Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR RESPONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.

12. **PAYMENTS TO CREDITORS YOU PREFERRED** to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.

13. **SURRENDER OF PROPERTY** Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.

14. **RIGHT TO RECEIVE** inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.

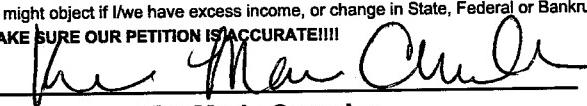
15. **JOINT ACCOUNT HOLDERS** holders entire amount in the account could be taken by the trustee under Chapter 7.

16. **MARRIED COUPLES GOING THROUGH DIVORCE:** We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together despite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.

17. **AUTO LEASES & INSTALLMENT AGREEMENTS** to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.

18. **Setoffs** if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court **AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!**

Dated: 5/2/2018

  
Kim Marie Crowder

X Date & Sign

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Kim Marie Crowder / Debtor

Bankruptcy Docket #:

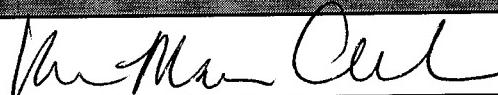
Judge:

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DEclare UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 5/2/2018



Kim Marie Crowder

Date & Sign

\* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Debtor 1 Kim Marie Crowder Page 77 of 78  
 First Name Middle Name Last Name Case Number (if known) \_\_\_\_\_

**Column A**  
Debtor 1

**Column B**  
Debtor 2 or  
non-filing spouse

**8. Unemployment compensation**

\$ 0.00 \$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:.....

For you .....

For your spouse .....

**9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.**

\$ 0.00 \$ 0.00

**10. Income from all other sources not listed above. Specify the source and amount.**

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line10c.

10a. \_\_\_\_\_ \$ 533.33 \$ 0.00

10b. \_\_\_\_\_ \$ 0.00 \$ 0.00

10c. Total amounts from separate pages, if any. \$ 533.33 \$ 0.00

**11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.**

\$ 3,231.43 + \$ 0.00 = \$ 3,231.43

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year. Follow these steps:**

12a. Copy your total current monthly income from line 11..... Copy line 11 here 12a. \$ 3,231.43  
 Multiply by 12 (the number of months in a year).  
 12b. The result is your annual income for this part of the form. 12b. \$ 38,777.16

**13. Calculate the median family income that applies to you. Follow these steps:**

Fill in the state in which you live.

IL
1

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. .... 13. \$ 52,410.00  
 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
 Go to Part 3.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
 Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Kim Marie Crowder

Date: 5/10/2018

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General and acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

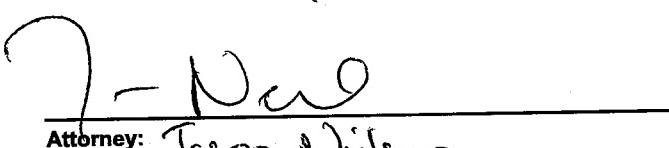
**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 5/2 /2018

  
Kim Marie Crowder

X Date & Sign

Dated: 5/4 /2018

  
Attorney: Jason Wilson